18301

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 12 1943

Registration District No. 1804 — Primary Registration District No. 3018 — Registrar's No. 193

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Brookfield Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 117 No. Main (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Joseph William Long

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Long

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 8 (Day) 1885 (Year)

8. AGE: Years 57 Months 11 Days 15 If less than one day hr. min.

9. Birthplace Brookfield (City, town, or county) Mo (State or foreign country)

10. Usual occupation Restaurant proprietor

11. Industry or business

FATHER
12. Name W. L. Long
13. Birthplace Brookfield (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mary Elizabeth Loggdon
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joseph L. Long

(b) Address Brookfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26 1943 (Month) (Day) (Year)

(c) Place: burial or cremation St Michaels Cemetery

18. (a) Signature of funeral director Edgar Bowlin

(b) Address Brookfield Mo

19. (a) 5-26-1943 (Date received local registrar) (b) W H Lamm (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1943 hour 10 minute 03 P M.

21. I hereby certify that I attended the deceased from 5-20, 1943, to 5-23, 1943, that I last saw him alive on 5-23, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	3 days
Due to: Cerebral softening	4 yrs
Due to: Arterio-sclerosis	8 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature C C Enoch (M. D. or other) 100

Address Brookfield, Mo. Date signed 6/25

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 1-1-43 1 x19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Homer L Bowden

Licensed Embalmer No. 3295

P. O. Address Brookfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.